

"Express Mail" mailing label number EV530260674US

PTO/SB/01 (6-95)

Approved for use through: 10/31/98 OMB 0651-0032

Type a plus sign (+) inside this box + ☐

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

0010/PTO
Rev. 6/95

U.S. Department of Commerce
Patent and Trademark Office

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing

Attorney Docket
Number

C 2834 PCT/US

First Named
Inventor

SCHIEFERSTEIN, Ludwig

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

STARTER SYSTEMS II

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **04/30/2004** as United States Application Number or PCT International

Application Number **PCT/EP2004/004591** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority		Certified Copy Attached?	
			Not Claimed		YES	NO
103 20 904.2	DE	05/09/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

Type a plus sign (+) inside this box +

C 2834 PCT/US

DECLARATION**Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365 of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP2004/004591	04/30/2004	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer Number or label

☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
John F. Daniels	34,314		
Arthur G. Seifert	28,040		
Daniel S. Ortiz	25,123		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number ☐ or label **23657** OR ☐ Fill in correspondence address below

Name	Daniel S. Ortiz				
Address					
Address					
City		State		Zip	
Country		Telephone	215-628-1141	Fax	215-628-1345

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Ludwig	Middle Initial		Family Name	Schieferstein
Inventor's Signature				Date	
Residence: City	Ratingen	State		Country	Germany
Citizenship	Germany				
Post Office Address	Damaschkestrasse 81				
Post Office Address					
City	40882 Ratingen	State		Zip	
Country	Germany			Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

Type a plus sign (+) inside this box → ☐

C 2834 PCT/US

ADDITIONAL INVENTOR(S) Supplemental Sheet									
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	William			Middle Initial		Family Name	LaMarca		Suffix e.g. Jr.
Inventor's Signature						Date			
Residence: City	Cregy les Meaux			State		Country	France		Citizenship
Post Office Address	17 rue de Panautl								
Post Office Address									
City	77124 Cregy les Meaux			State		Zip		Country	France
							Applicant Authority		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name				Middle Initial		Family Name			Suffix e.g. Jr.
Inventor's Signature						Date			
Residence: City				State		Country			Citizenship
Post Office Address									
Post Office Address									
City				State		Zip		Country	
							Applicant Authority		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name				Middle Initial		Family Name			Suffix e.g. Jr.
Inventor's Signature						Date			
Residence: City				State		Country			Citizenship
Post Office Address									
Post Office Address									
City				State		Zip		Country	
							Applicant Authority		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name				Middle Initial		Family Name			Suffix e.g. Jr.
Inventor's Signature						Date			
Residence: City				State		Country			Citizenship
Post Office Address									
Post Office Address									
City				State		Zip		Country	
							Applicant Authority		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name				Middle Initial		Family Name			Suffix e.g. Jr.
Inventor's Signature						Date			
Residence: City				State		Country			Citizenship
Post Office Address									
Post Office Address									
City				State		Zip		Country	
							Applicant Authority		
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto									